

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant:	KONG et al.	Docket No:	372465-00901 (336429)
Serial No.:	10/631,336	Confirmation No.:	1403
Filed:	July 30, 2003	Group Art Unit:	2114
For:	METHOD AND CIRCUIT FOR COMMAND INTEGRITY CHECKING (CIC) IN A GRAPHICS CONTROLLER	Examiner:	Lohn, Joshua A.

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL FOR REQUEST FOR RECONSIDERATION & AMENDMENT UNDER 37 § CFR 1.111

- ☒ Transmitted herewith are the following documents for the above-referenced application:
- ☒ 9 Page Request for Reconsideration & Amendment Under 37 CFR § 1.111;
 - ☒ Information Disclosure Statement with Form PTO-1449; and
 - ☒ Petition for Extension of Time (3 months).

STATUS

- ☒ Applicant is a large entity.

EXTENSION OF TIME

- ☒ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	<u>Extension</u> <u>(months)</u>	<u>Fee for other than</u> <u>small entity</u>	<u>Fee for</u> <u>small entity</u>
<input type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input type="checkbox"/>	two months	\$ 450.00	\$225.00
<input checked="" type="checkbox"/>	three months	\$1,020.00	\$510.00

Fee \$1,020.00

- ☒ If an additional extension of time is required please consider this a petition therefor.

CERTIFICATE OF ELECTRONIC TRANSMISSION (EFS)

CERTIFICATE OF TRANSMISSION BY ELECTRONIC FILING SYSTEM (EFS-WEBX). I certify that I am working under the authority of the certificate holder that this correspondence (and all attachments listed) is being electronically filed with the U.S. Patent & Trademark Office, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

Date: November 13, 2006

Yollette M. Turraldo-Owen

FEE FOR CLAIMS

☒ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra		Rate	Addit. Fee	Rate	Addit. Fee
Total	23	Minus *0*	26	=	0	X25=	\$0	X50=	\$0
Indep.	3	Minus *0*	3	=	0	X100=	\$0	X200=	\$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+145=	\$	X290=	\$0
						TOTAL ADDIT.FEE	\$0	OR	TOTAL ADDIT. FEE
							\$0		\$0

- ☒ No additional fee for claims required.
☐ Total additional fee for claims required \$0.

FEE PAYMENT

- ☒ Charge Account No. 50-2778 the sum of \$1,020 for 3 months extension fees.

FEE DEFICIENCY

- ☒ In the event that the indicated amount is less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778.

Date: November 13, 2006


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